



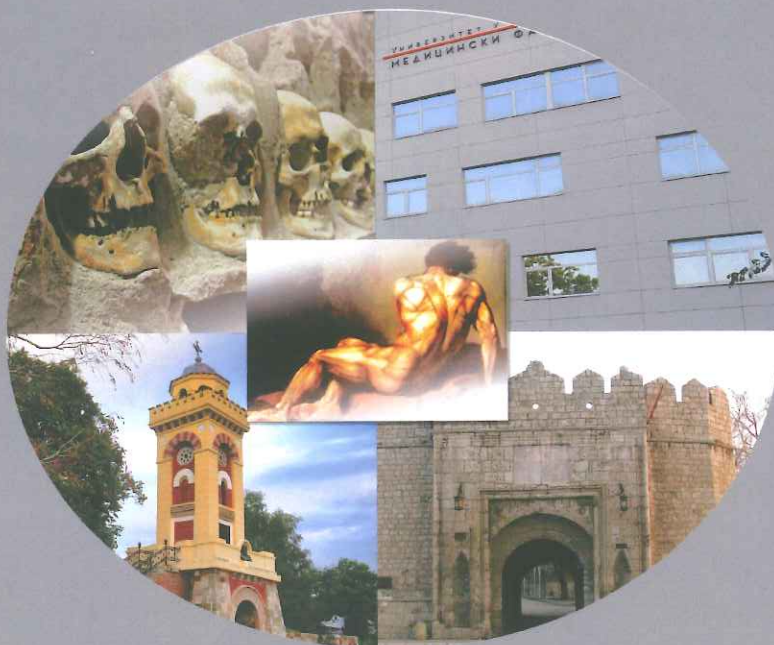
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ЗБОРНИК САЖЕТАКА
ABSTRACT BOOK



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ORIGIN OF THE LEFT COMMON CAROTID ARTERY EXAMINED WITH CTA

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Introduction. The aortic arch usually gives rise to three major branches: the brachiocephalic trunk, the left common carotid artery and the left subclavian artery. The left common carotid artery is the second and longest branch of the aortic arch; it ascends from the apex of the arch to the left carotid bifurcation in the neck, which typically occurs between the third and fourth midcervical vertebral bodies. The aim of this study was to describe the variations in origin of left common carotid artery and to emphasize their clinical significance.

Materials and methods. We examined radiographs of 103 patients who had CT angiography undertaken for a variety of clinical reasons, performed as a part of their medical treatment at the University Clinic for Radiology in Skopje, RN Macedonia. The study population included 103 patients, 58 male and 45 females, age range from 25 - 82, mean age 58.4 years.

Results. The left common carotid artery arose from the aortic arch in 88 patients (85.43%). In 15 patients (14.56%) we found atypical arisen of the left common carotid artery from the brachiocephalic trunk.

Conclusion. Although anatomically interesting, an awareness of the left common carotid artery anatomy and variations is clinically important. A sound knowledge of left common carotid artery anatomy and variations is important during diagnostic, endovascular and surgical procedures.

Keywords: anatomy, variations, CT angiography, left common carotid artery, aortic arch

VALUE OF ULTRASOUND AND MR IMAGING IN DIAGNOSIS OF TUBULAR ECTASIA OF RETE TESTIS

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Introduction. Tubular ectasia of the rete testis is a rare, cystic lesion of the testis which is a pathologically benign process, usually found bilaterally and incidentally, more common in men over the age of 55 years. The process is bilateral in approximately one-third of cases. Because only 5% of intratesticular tumours are benign, the main significance of this condition is that it must be differentiated from testicular neoplasm.

Material and methods. We report a case of tubular ectasia of the rete testis in a 57-year-old man with right epididymal pain.

Results. Serum tumour markers for testicular malignancy were not elevated. A scrotal ultrasound scan revealed both testes of normal dimensions. But, we found appearance of indeterminate intratesticular hypoechoic lesion without definite cystic spaces in the confluence of the mediastinum testis, without of mass effect and lack of internal vascularity, bilaterally, with a loculated right hydrocoele posterior to the right testis. We made a MR imaging. On T2-weighted images this manifests as a hyperintense zone owing to the presence of fluid in the dilated small mediastinal tubules, but no internal enhancement was seen after administration of gadolinium contrast. The patient was managed conservatively and repeat scrotal ultrasound scans at 1 and 6 months demonstrated no change in pathology.

Conclusion. The use of ultrasonography and colour Doppler imaging is vital in identification of tubular ectasia of the rete testis and, therefore, may avoid unnecessary orchidectomy. When the sonographic findings are equivocal, MR imaging is warranted to confirm the diagnosis.

Keywords: tubular ectasia, rete testis, ultrasound, MR imaging